

Fill in this information to identify the case:

Debtor name CII Parent, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): 22-11345-LSS

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*.....

\$ 0

1b. **Total personal property:**Copy line 91A from *Schedule A/B*.....

\$ 59,179,315

1c. **Total of all property:**Copy line 92 from *Schedule A/B*.....

\$ 59,179,315

Part 2: Summary of Liabilities2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 73,971,746.43

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 0

3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ Undetermined

4. **Total liabilities**.....
Lines 2 + 3a + 3b

\$ Undetermined

Fill in this information to identify the case:Debtor name CII Parent, Inc.United States Bankruptcy Court for the: _____ District of Delaware
(State)Case number (if known): 22-11345-LSS☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☒ No. Go to Part 2.
☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | |
|--|-----------------|---------------------------------|-------------|
| 3.1. <u>N/A</u> | _____ | _____ | \$ <u>0</u> |
| 3.2. <u>N/A</u> | _____ | _____ | \$ <u>0</u> |

4. Other cash equivalents (Identify all)

| | |
|-----------------|-------------|
| 4.1. <u>N/A</u> | \$ <u>0</u> |
| 4.2. <u>N/A</u> | \$ <u>0</u> |

5. Total of Part 1\$ 0

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

| Description, including name of holder of deposit | |
|--|-------------|
| 7.1. <u>N/A</u> | \$ <u>0</u> |
| 7.2. <u>N/A</u> | \$ <u>0</u> |

Debtor

CII Parent, Inc.

Name

Case number (if known) 22-11345-LSS

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|-------------------------------------|--|---|------------------------------------|
| 19. Raw materials | | | | |
| _____ | MM / DD / YYYY | \$ _____ | _____ | \$ 0 |
| 20. Work in progress | | | | |
| _____ | MM / DD / YYYY | \$ _____ | _____ | \$ 0 |
| 21. Finished goods, including goods held for resale | | | | |
| _____ | MM / DD / YYYY | \$ _____ | _____ | \$ 0 |
| 22. Other inventory or supplies | | | | |
| _____ | MM / DD / YYYY | \$ _____ | _____ | \$ 0 |
| 23. Total of Part 5 | | | | \$ 0 |
| Add lines 19 through 22. Copy the total to line 84. | | | | |

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 28. Crops—either planted or harvested | | | |
| _____ | \$ _____ | _____ | \$ 0 |
| 29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish | | | |
| _____ | \$ _____ | _____ | \$ 0 |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | | | |
| _____ | \$ _____ | _____ | \$ 0 |
| 31. Farm and fishing supplies, chemicals, and feed | | | |
| _____ | \$ _____ | _____ | \$ 0 |
| 32. Other farming and fishing-related property not already listed in Part 6 | | | |
| _____ | \$ _____ | _____ | \$ 0 |

Debtor

CII Parent, Inc.

Name

Case number (if known) 22-11345-LSS

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ 0

34. **Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture | | | |
| _____ | \$ _____ | _____ | \$ 0 |
| 40. Office fixtures | | | |
| _____ | \$ _____ | _____ | \$ 0 |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | | | |
| _____ | \$ _____ | _____ | \$ 0 |
| 42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 42.1 _____ | \$ _____ | _____ | \$ 0 |
| 42.2 _____ | \$ _____ | _____ | \$ 0 |
| 42.3 _____ | \$ _____ | _____ | \$ 0 |

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 0

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

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CII Parent, Inc.

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Case number (if known) 22-11345-LSS

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
|--|--|---|------------------------------------|

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

| | | | |
|------|----|--|------|
| 47.1 | \$ | | \$ 0 |
| 47.2 | \$ | | \$ 0 |
| 47.3 | \$ | | \$ 0 |
| 47.4 | \$ | | \$ 0 |

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

| | | | |
|------|----|--|------|
| 48.1 | \$ | | \$ 0 |
| 48.2 | \$ | | \$ 0 |

49. Aircraft and accessories

| | | | |
|------|----|--|------|
| 49.1 | \$ | | \$ 0 |
| 49.2 | \$ | | \$ 0 |

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

| | | | |
|--|----|--|------|
| | \$ | | \$ 0 |
|--|----|--|------|

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 0

52. Is a depreciation schedule available for any of the property listed in Part 8?

☒ No☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No☐ Yes

Debtor

CII Parent, Inc.

Name

Case number (if known) 22-11345-LSS

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|--|---|------------------------------------|
| 55.1 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.2 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.3 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.4 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.5 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.6 _____ | _____ | \$ _____ | _____ | \$ _____ |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets _____ | \$ _____ | _____ | \$ _____ |
| 61. Internet domain names and websites _____ | \$ _____ | _____ | \$ _____ |
| 62. Licenses, franchises, and royalties _____ | \$ _____ | _____ | \$ _____ |
| 63. Customer lists, mailing lists, or other compilations _____ | \$ _____ | _____ | \$ _____ |
| 64. Other intangibles, or intellectual property _____ | \$ _____ | _____ | \$ _____ |
| 65. Goodwill As of December 31, 2021 (Book Value) _____ | \$ 35,608,530 | Book Value | \$ 35,608,530 |

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 35,608,530

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

N/A

_____ — _____ = →
 Total face amount doubtful or uncollectible amount

\$ 0

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Net Operating Losses

Tax year 2021 \$ 23,570,785
 Tax year _____ \$ _____
 Tax year _____ \$ _____

73. Interests in insurance policies or annuities

See Attachment

\$ Undetermined

74. Causes of action against third parties (whether or not a lawsuit has been filed)

N/A

\$ 0

Nature of claim

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

N/A

\$ 0

Nature of claim

Amount requested \$ _____

76. Trusts, equitable or future interests in property

N/A

\$ 0

77. Other property of any kind not already listed Examples: Season tickets, country club membership

N/A

\$ 0

\$ 0

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 23,570,785

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

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Name

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i> | \$ 0 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$ 0 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$ 0 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$ 0 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$ 0 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$ 0 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$ 0 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$ 0 | |
| 88. Real property. <i>Copy line 56, Part 9.</i> → | | \$ 0 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$ 35,608,530 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$ 23,570,785 | |
| 91. Total. Add lines 80 through 90 for each column. 91a. | \$ 59,179,315 | + 91b. \$ 0 |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | | \$ 59,179,315 |

SOAL – Schedules A/B, Question 73

Interests in Insurance Policies or Annuities

- Greater Northern Insurance Company – Commercial General Liability 36054529WCE
- Greater Northern Insurance Company – Federal Insurance Company – Automobile Liability 73605397
- Federal Insurance Company – Umbrella Liability 78188921

Fill in this information to identify the case:

Debtor name CII Parent, Inc.
 United States Bankruptcy Court for the: _____ District of Delaware
 (State)
 Case number (if known): 22-11345-LSS

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's nameTwin Brook Capital Partners, LLC

Describe debtor's property that is subject to a lien

Equity Interest in Community Investors, Inc. \$ 73,971,746.43 \$ Undetermined

Creditor's mailing address

111 South Wacker Drive, 36th
Floor, Chicago, Illinois 60606

Describe the lien

Senior Secured Credit Facility

Creditor's email address, if known

dguyette@twincp.com

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Date debt was incurred May 15, 2019Last 4 digits of account number 1 8 8 2

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Part 1: Additional Page*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name

Describe debtor's property that is subject to a lien

_____ \$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred _____

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?

- ☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Yes. The relative priority of creditors is specified on lines _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2. Creditor's name

Describe debtor's property that is subject to a lien

_____ \$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred _____

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?

- ☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Yes. The relative priority of creditors is specified on lines _____

Name _____

Case number (if known)

SOAL – Schedule D, Part 2 – Additional Notice Parties

| Name and Address | On which line in Part 1 did you enter the related creditor? | Last 4 digits of the account number for this entity |
|--|--|--|
| Jenner & Block LLP 1155 Avenue of the Americas New York, NY 10036 Telephone: (212) 891-1600 Facsimile: (212) 891-1699 Brian J. Fischer – Bfischer@Jenner.com Jacob D. Alderice – Jalderice@Jenner.com Sara E. Cervantes – Scervantes@Jenner.com | 2.1 | N/A |
| CII Intermediate, Inc. 1290 N Broadway, Suite 1250 Denver, CO 80203 | 2.1 | N/A |
| Community Investors, Inc. dba Frontsteps 1290 N Broadway, Suite 1400 Denver, CO 80203 Attention: Brian Burke Email: bburke@frontsteps.com | 2.1 | N/A |
| Investors Acquisition Co. 1290 N Broadway, Suite 1250 Denver, CO 80203 | 2.1 | N/A |
| AssociationVoice, LLC 1290 N Broadway, Suite 1400 Denver, CO 80203 | 2.1 | N/A |
| CapSure Acquisition Co. 1290 N Broadway, Suite 1250 Denver, CO 80203 | 2.1 | N/A |
| Real Pro Holdings, 1290 N Broadway, Suite 1250 Denver, CO 80203 | 2.1 | N/A |
| dwellinLIVE, Inc. 1290 N Broadway, Suite 1250 Denver, CO 80203 | 2.1 | N/A |
| | | |

| | | |
|--|-----|-----|
| iHomefinder Inc. 1290 N Broadway, Suite 1250 Denver, CO 80203 | 2.1 | N/A |
| Evercondo Holdings, ULC 1 Yonge Street Suite 1801 Toronto, Canada M5E 1W7 | 2.1 | N/A |
| Caliber Software, Inc. 1314 N Recker Rd Mesa, AZ 85205 | 2.1 | N/A |
| AtHomeNet, Inc. 3550 Corporate Way Suite C Duluth, GA 30005 | 2.1 | N/A |
| 0947893 B.C. Unlimited Liability Company 1 Yonge Street Suite 1801 Toronto, Canada M5E 1W7 | 2.1 | N/A |
| Everapps, Inc 1 Yonge Street Suite 1801 Toronto, Canada M5E 1W7 | 2.1 | N/A |
| AssociationReady, LLC 1134 Satellite Blvd., Suite 300A, Suwanee, GA 30024 | 2.1 | N/A |
| Twin Brook Capital Partners, LLC, as Agent 111 South Wacker Drive, 36 th Floor Chicago, Illinois 60606 Attention: FrontSteps Account Manager Phone: 312-763-5100 Facsimile: 866-550-3542 Email: loanoperations@twincp.com With a Copy to: Katten Muchin Rosenman LLP 525 West Monroe Street Chicago, Illinois 60661 Attention: Dan Entsminger, Esq. Phone: (312) 902-5631 Facsimile: (312) 902-1061 Email: dan.entsminger@kattenlaw.com | 2.1 | N/A |

| | | |
|--|-----|-----|
| | | |
| Onex Falcon 600 Lexington Avenue, 20 th Floor New York, NY 10022 Attention: Andrew Wu Email: awu@falconinvestments.com | 2.1 | N/A |
| Willkie Farr & Gallagher LLP 787 Seventh Avenue New York, NY 10019 Attention: Matthew J. Rizzo, Eric S. Halperin and Jason Pearl Email: mrizzo@willkie.com, EHalperin@willkie.com and jpearl@willkie.com | 2.1 | N/A |

Fill in this information to identify the case:

Debtor CII Parent, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 22-11345-LSS
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

Priority amount

2.2 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

| | |
|---|---|
| 3.1 Nonpriority creditor's name and mailing address Cahill Gordon & Reindel LLP 32 Old Slip New York, NY 10005 Date or dates debt was incurred <u>Unavailable</u> Last 4 digits of account number <u>N/A</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: \$ <u>Undetermined</u> |
| 3.2 Nonpriority creditor's name and mailing address Chubb Group Holdings, Inc. c/o The Corporation Trust Company 1209 Orange Street, Wilmington, DE 19801 Date or dates debt was incurred <u>Unavailable</u> Last 4 digits of account number <u>N/A</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: \$ <u>Undetermined</u> |
| 3.3 Nonpriority creditor's name and mailing address CT Corporation PO Box 4349 Carol Stream, IL 60197-4349 Date or dates debt was incurred <u>Unavailable</u> Last 4 digits of account number <u>N/A</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: \$ <u>Undetermined</u> |
| 3.4 Nonpriority creditor's name and mailing address Onex Falcon 600 Lexington Avenue, 20th Floor New York, NY 10022 Date or dates debt was incurred <u>Unavailable</u> Last 4 digits of account number <u>N/A</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: \$ <u>Undetermined</u> |
| 3.5 Nonpriority creditor's name and mailing address RSM US LLP 555 17th Street, Suite 1200 Denver, CO 80202-3910 Date or dates debt was incurred <u>Unavailable</u> Last 4 digits of account number <u>N/A</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax and Audit Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: \$ <u>Undetermined</u> |
| 3.6 Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: \$ _____ |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|----------------|--|--|----------|
| 3. <u> </u> | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | \$ _____ |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|----------------|--|---|----------|
| 3. <u> </u> | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ _____ |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|----------------|--|---|----------|
| 3. <u> </u> | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ _____ |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|----------------|--|---|----------|
| 3. <u> </u> | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ _____ |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|----------------|--|---|----------|
| 3. <u> </u> | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ _____ |
| | | Basis for the claim: _____ | |
| | Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-------------------------------|--|---|
| 4.1. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.2. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.3. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.1. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.5. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.6. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.7. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.8. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.9. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.10. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.11. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|----------------------------|--|---|
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4. _____ _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0

5b. Total claims from Part 2

5b.

+ \$ Undetermined

5c. Total of Parts 1 and 2

5c.

\$ Undetermined

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name CII Parent, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): 22-11345-LSS Chapter 11

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Debtor

Name

Case number (if known)

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:Debtor name CII Parent, Inc.United States Bankruptcy Court for the: _____ District of Delaware
(State)Case number (If known): 22-11345-LSS☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

| Column 1: Codebtor | | | Column 2: Creditor | |
|--------------------------------------|---|--|---|---|
| Name | Mailing address | | Name | Check all schedules that apply: |
| 2.1 <u>Community Investors, Inc.</u> | <u>1290 N Broadway, Suite 1400</u> Street <u>Denver</u> <u>CO</u> <u>80203</u> City State ZIP Code | | <u>Twin Brook Capital Partners, LLC</u> | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.2 <u>Investors Acquisition Co.</u> | <u>1290 N Broadway, Suite 1250</u> Street <u>Denver</u> <u>CO</u> <u>80203</u> City State ZIP Code | | <u>Twin Brook Capital Partners, LLC</u> | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.3 <u>AssociationVoice, LLC</u> | <u>1290 N Broadway, Suite 1400</u> Street <u>Denver</u> <u>CO</u> <u>80203</u> City State ZIP Code | | <u>Twin Brook Capital Partners, LLC</u> | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.4 <u>CapSure Acquisition Co.</u> | <u>1290 N Broadway, Suite 1250</u> Street <u>Denver</u> <u>CO</u> <u>80203</u> City State ZIP Code | | <u>Twin Brook Capital Partners, LLC</u> | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.5 <u>Real Pro Holdings, Inc.</u> | <u>1290 N Broadway, Suite 1250</u> Street <u>Denver</u> <u>CO</u> <u>80203</u> City State ZIP Code | | <u>Twin Brook Capital Partners, LLC</u> | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.6 <u>dwellingLIVE, Inc.</u> | <u>1290 N Broadway, Suite 1250</u> Street <u>Denver</u> <u>CO</u> <u>80203</u> City State ZIP Code | | <u>Twin Brook Capital Partners, LLC</u> | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |

Debtor

CII Parent, Inc.

Name

Case number (if known) 22-11345-LSS

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| Column 1: Codebtor | | | Column 2: Creditor | |
|--|--|--|----------------------------------|---|
| Name | Mailing address | | Name | Check all schedules that apply: |
| 2. iHomefinder, Inc. | 1290 N Broadway, Suite 1250 Street Denver CO 80203 City State ZIP Code | | Twin Brook Capital Partners, LLC | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2. Caliber Software, Inc. | 1314 N Recker Rd. Street Mesa AZ 85205 City State ZIP Code | | Twin Brook Capital Partners, LLC | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2. AtHomeNet, Inc. | 3550 Corporate Way, Suite C Street Duluth GA 30005 City State ZIP Code | | Twin Brook Capital Partners, LLC | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2. Falcon Structured Equity Partners, L.P. | 21 Custom House Street, 10th Floor Street Boston MA 02110 City State ZIP Code | | Twin Brook Capital Partners, LLC | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2. _____ | _____ Street _____ City State ZIP Code | | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2. _____ | _____ Street _____ City State ZIP Code | | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2. _____ | _____ Street _____ City State ZIP Code | | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2. _____ | _____ Street _____ City State ZIP Code | | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |

Fill in this information to identify the case and this filing:

Debtor Name CII Parent, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): 22-11345-LSS

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02 / 08 / 2023
MM / DD / YYYY

X/s/ Thomas Radford

Signature of individual signing on behalf of debtor

Thomas Radford

Printed name

President

Position or relationship to debtor